1. MUST ENTER NUMBER OF TO	OTAL EMPLOYEES TAXABLE 6	MPLOYEES	I HEREBY CERTIFY THAT	THE INFORMATION AND STATEME! R EXHIBITS ATTACHED ARE TRUE A	NTS CONTAINED HEREIN	
			AND ANT SCHEDULES O	H EARIBITS AF INCHED AND THOSE	WID COMMEC!	
TOTAL SALARIES, WAGES, CO COMPENSATION PAID LESS COMPENSATION PAID F FRANKFORT	FOR SERVICES OUTSIDE OF		SIGNED			
4. TAXABLE EARNINGS (ITEM 2	MINUS ITEM 3)					
5. ACTUAL TAX DUE IN QUARTE	ER AT 1.75% \$		OFFICIAL TITLE	•	1	
6. ADJUSTMENTS (PRIOR QUAF	ITERS)			RTNER, MEMBER, PRESIDENT,	DATE	
7. INTEREST - 1% PER MONTH UNTIL PAID			TREASURER, AGENT			
8. PENALTY - 5% PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25%, HOWEVER IT SHALL NOT BE LESS THAN \$25.00 9. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY			TELEPHONE 502-875-8504 ORIGINAL - RETURN TO CITY OF FRANKFORT, K			
"IF NO WAGES WERE PAID THIS	QUARTER, MARK "NONE" AND RETURN THIS FORM	WITH EXPLANATION.	ORIGINAL - F	RETURN TO CITY OF	- FRANKFORT, I	
			ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE	
NAME						
& '			7071. 5011//50071//	ENGE SEE MET		
ADDRESS			TOTAL FRANKFORT LIC			
OF				QUARTER ENDED MAR. 31,		
EMPLOYER			QUARTER ENDED	QUARTER ENDED JUNE 30,		
			QUARTER ENDED	SEPT. 30,		
Make Check Payable T	o: Mail To: LICEN	SE FEE DIVISION	QUARTER ENDED	DEC. 31,		
DIRECTOR OF FIN		CIPAL BUILDING				
P.O. BOX 697				TOTAL REMITTED FOR YEAR		
	FRAN	KFORT, KY 40602				
(IF YOU HAVE FILE OWN LISTING	RECONCILIATION OF FRANKFOI LESS THAN 10 EMPLOYEES USE THE SPACE (SAME FORMAT BELOW) OR FURNISH W-2 COR	PROVIDED BELOW OR FL	ELD FOR CALENDAR YEAR F URNISH COPIES OF EMPLO	REQUIRED YEE'S W-2, LARGER CONCE	RNS MAY	
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE		GROSS WAGES	TAXABLE WAGES	OCCUPATIONAL LICENSE WITHHELD	

	•					
	•					
	·					
	IF REPORT IS COMPLETE ON T	HIS PAGE TOTAL HERE		-		
			1			
REPARED BY	-			ATTACH CONTINUATION SH	EET(S) IF NECESSARY	